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Dated: <u>2/16/05</u>	By: <u></u>
<i>Jeffrey A. Hagenah, Reg. No. 35,175</i>	

**RECEIVED  
CENTRAL FAX CENTER****FEB 16 2005**

PATENT  
Attorney Docket No. P-095-US1  
Customer No. 27038

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of	)	
	)	
Mammen et al.	)	Group Art Unit: 1625
	)	
Application No.: 09/732,241	)	Examiner: Raymond K. Covington
	)	
Filed: December 7, 2000	)	
	)	
For: THERAPEUTIC CARBAMATES	)	

**REPLY AND AMENDMENT PURSUANT TO 37 C.F.R. §1.111**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**I. INTRODUCTORY REMARKS**

This Reply and Amendment is being filed in response to the Office Action mailed on January 6, 2005, for the above-identified patent application. The Office Action set a three-month period for response and therefore, this reply is due on or before April 6, 2005. In response to the Office Action, entry of the following amendments and consideration of the following remarks is respectfully requested:

**Theravance****RECEIVED  
CENTRAL FAX CENTER****FEB 16 2005****Facsimile Cover Sheet**

**To:** Commissioner for Patents  
**Attn:** Examiner Covington, Art Unit 1625  
**Company:** USPTO  
**Fax:** (703) 872-9306

**From:** Jeff Hagenah  
**Company:** Theravance, Inc.  
**Telephone:** 650-808-6406  
**Fax:** 650-808-6078  
**Date:** February 16, 2005  
**# of pages:** 24  
*(including this page)*

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**Comments:**

Attached is a Reply and Amendment for U.S. Serial No. 09/732,241.

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PTO/SB/21 (09-04)

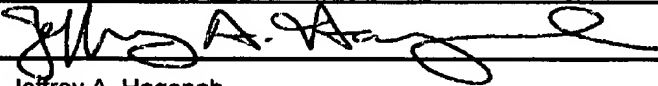
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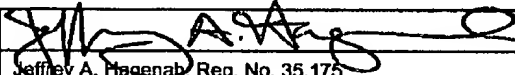
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/732,241
		Filing Date	December 7, 2000
		First Named Inventor	Mammen et al.
		Art Unit	1625
		Examiner Name	Raymond K. Covington
Total Number of Pages in This Submission	24	Attorney Docket Number	P-095-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Page
<b>Remarks</b> Enclosed are the following: Reply and Amendment (19 pages); Terminal Disclaimer (1 page); Fee Transmittal (1 page in duplicate = 2 page); this Transmittal Page (1 page); and Facsimile Cover page (1 page) = 24 pages total		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Theravance, Inc.		
Signature			
Printed Name	Jeffrey A. Hagenah		
Date	February 16, 2005	Reg. No.	35,175

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Signature			
Typed or printed name	Jeffrey A. Hagenah, Reg. No. 35,175	Date	February 16, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130**Complete if Known**

Application Number	09/732,241
Filing Date	December 7, 2000
First Named Inventor	Mammen et al.
Examiner Name	Raymond K. Covington
Art Unit	1625
Attorney Docket No.	P-095-US1

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissuc	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
-20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
- 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x		

**4. OTHER FEE(S)**

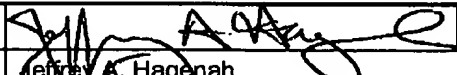
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Statutory Disclaimer (Fee Code 1814)

**Fees Paid (\$)**

130

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,175	Telephone	(850) 808-6406
Name (Print/Type)	Jeffrey A. Hagenah	Date	Feb. 16, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130**Complete If Known**

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First Named Inventor	Mammen et al.
Examiner Name	Raymond K. Covington
Art Unit	1625
Attorney Docket No.	P-085-US1

**COPY****METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

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<b>Extra Claims</b>		
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<b>Fee Paid (\$)</b>		
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<b>Indep. Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
- 3 or HP= _____ x _____ = _____		
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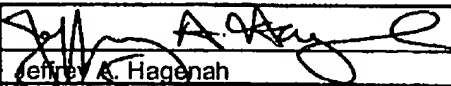
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Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Statutory Disclaimer (Fee Code 1814)	130
<b>Fees Paid (\$)</b>	

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,175	Telephone	(650) 808-6406
Name (Print/Type)	Jeffrey A. Hagenah	Date	Feb. 16, 2005		

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